

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/30/95
O.I.P.E. CLASSIFIER		8	8-4-99
FORMALITY REVIEW	<i>N. M.</i>	71628	8-13-98

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
—	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final	Original
1	03/02/04/09/02
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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Claim	Date
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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